

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/2/6
2	✓	✓	8/2/6
3	✓	✓	8/2/6
4	✓	✓	8/2/6
5	✓	✓	8/2/6
6	✓	✓	8/2/6
7	✓	✓	8/2/6
8	✓	✓	8/2/6
9	✓	✓	8/2/6
10	✓	✓	8/2/6
11	✓	✓	8/2/6
12	✓	✓	8/2/6
13	✓	✓	8/2/6
14	✓	✓	8/2/6
15	✓	✓	8/2/6
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26	✓	✓	8/2/6
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28	✓	✓	8/2/6
29	✓	✓	8/2/6
30	✓	✓	8/2/6
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42	✓	✓	8/2/6
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46	✓	✓	8/2/6
47	✓	✓	8/2/6
48	✓	✓	8/2/6
49	✓	✓	8/2/6
50	✓	✓	8/2/6

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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